

REGISTRATION DEADLINE: MAY 13, 2006

RECEIPT # _____

**TROY RECREATION DEPARTMENT
2006 TROY TIDAL WAVES SWIM TEAM
MAY 16 - JULY 15
AGES 6 - 18
at the Troy Aquatic Park
(TEAM LIMIT OF 130)**

**PRACTICES:
TUESDAY, WEDNESDAY, AND THURSDAY, 7:00 – 8:00 P.M. (MAY 16 – JUNE 1)
MONDAY THRU THURSDAY, 7:00 - 8:30 A.M. AND
MONDAY THRU WEDNESDAY, 8:00 – 9:00 P.M. (BEGINNING JUNE 5)**

Name _____ Male/Female _____

Address _____
(street) (city) (zip)

Phone _____

Birthdate _____ Age _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

Parent's Name _____

E-Mail Address _____

Would mother/father be interested in volunteering to assist in staffing of swim meets? Yes____ No____

Volunteer's Name _____

May we provide your contact information to Swim Team Parents to assist them in communications with parents? ____Yes ____No

REGISTRATION FEE: \$30.00 ____Paid

WAIVER AND RELEASE

We, the undersigned, do give permission for our son/daughter to participate on the Youth Swim Team. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Swim Team Program.

Date _____ Signature _____
(parent or legal guardian)

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.